



## AMUSEMENT RIDE ACCIDENT REPORT

The owner/operator of the amusement ride shall notify the Department of Safety and Professional Services of every accident involving personal injury that requires medical attention which is more than onsite first aid. (See SPS 334.41, Wisconsin Administrative Code.

**This form must be submitted within two days after accident or injury. Fatalities shall be reported within 24 hours. To report an amusement ride accident during regular business hours, please call (608) 445-6558 or (608) 267-9420. After hours, weekends, or holidays, please call Wisconsin Emergency Management after-hours incident reporting at (800) 943-0003 ext. 2 for assistance. Penalties for failure to report are provided in SPS 334.12, Wisconsin Administrative Code.**

*Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].*

Report Date	Accident Date	Carnival or Business Name	Phone Number
Ride Serial Number	Ride Name		Sponsor Name
Ride Manufacturer		Ride Location at Accident Time	
Responsible Ride Operator Name		Responsible Ride Operator Address	
Liability Insurance Company Name			Number of People Injured:
Injured Person(s) Name and Address			
Injured Person(s) or Representative Signature (if possible)			
Extent of Injuries: <input type="checkbox"/> Amputation/Severance <input type="checkbox"/> Crushed <input type="checkbox"/> Lacerations <input type="checkbox"/> Fatality <input type="checkbox"/> Fracture <input type="checkbox"/> Other, specify _____			Was Injured person(s) Your Employee(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Describe Accident (continue on separate page if necessary):			
Accident Reporter's Printed Name and Signature		Position	Date Signed

Email form to [dspsbsafetyandhealthtech@wisconsin.gov](mailto:dspsbsafetyandhealthtech@wisconsin.gov)